

MINNESOTA WING CIVIL AIR PATROL CAP First Aid Course Completion Certificate

Instructions: Complete the **TRAINEE INFORMATION** section (except for the Card number). Have the instructor initial the exercises as they are accomplished and sign the form when the course is successfully completed. Make a copy for your records and send to MN Wing/DOS to receive a CAP First Aid Qualification Certificate, MN Wing Form 10z.

Note: This record must be retained on file for three years from the date of training.

TRAINEE INFORMATION

(Please print neatly)

Charter number	CAPSN	Grade	Card number (ES Dept use)
Last name		First name	Middle initial
Height (inches)	Weight (lbs)	Hair color	Eye color

CAP MEDICAL OFFICER OR QUALIFIED INSTRUCTOR

This above CAP member has attended and successfully completed a CAP First Aid Course

conducted by _____, on _____
Printed grade and name of CAP Medical Officer or qualified instructor Date of course completion

Signature of CAP Medical Officer or qualified instructor

CAP First Aid Course Exercises

Practical Exercise number 1 (Primary Survey) _____ successfully completed.
Instructor's initials

Practical Exercise number 2 (Secondary Survey) _____ successfully completed.
Instructor's initials

Practical Exercise number 3 (Artificial Respiration) _____ successfully completed.
Instructor's initials

Practical Exercise number 4 (Control Bleeding) _____ successfully completed.
Instructor's initials

Practical Exercise number 5 (Burns) _____ successfully completed.
Instructor's initials

Practical Exercise number 6 (Fractures) _____ successfully completed.
Instructor's initials

Written test score (MN Wing Form 10y) _____ points (18 points is minimum passing score).